

and also its beneficial effects. Mr. H. considers it a safer remedy than cantharides, as it may be applied freely over a surface, even where very active inflammation exists, or where there is an extensive surface denuded of its cuticle. This remedy has also the advantage of not affecting the bladder, or producing strangury.

The nitrate of silver is not a caustic in any sense of the word. It subdues inflammation, and induces resolution and the healing process. It preserves, and does not destroy, the part to which it is applied. If we compare a caustic, as the hydrate of potassa, with the nitrate of silver, we find that the hydrate of potassa destroys and induces a slough and the ulcerative process; but if we touch a part with the nitrate of silver, the eschar remains for a time, and then falls off, leaving the subjacent parts healed.

If an ulcerated surface secreting pus be touched by the nitrate of silver, the succeeding discharge is immediately converted into lymph: it is the property of the hydrate of potassa, on the contrary, to induce not only ulceration but suppuration. In short, the peculiar properties of the nitrate of silver have long been kept unknown to us by the designation of lunar caustic, affording the most striking instance of the influence of a term or of a classification, upon the human mind. The nitrate of silver and the hydrate of potassa (as indeed all caustics) are as the poles to each other; the first preserves, the second destroys; the first induces cicatrization, the second ulceration.—*Read at the Prov. Med. and Surg. Assoc., Aug. 4th, 1847, from Month Journ. of Med. Science, Oct. 1847.*

39. *Axillary Aneurism—Ligature of Subclavian Artery—cure.* By JAMES SYME, Esq. (*Month. Journ. of Med. Science, Oct. 1847.*)—The subject of this case was a gentleman, 34 years of age, who applied to Mr. Syme, July 25th, with an axillary aneurism of the right side. The aneurism was of large size, filling the axilla, and pressing forward the pectoral muscle, so as to be distinctly perceptible through the clothes. The patient stated, that about sixteen years ago he had fallen down a stair, and, by an involuntary effort to save himself, had seized the railing with his right hand, and consequently sustained a very severe wrench of the limb. With exception of some pain, and the ordinary uneasiness attending such an injury, he had not afterwards suffered any noticeable inconvenience further than an occasional difference of temperature in the hands, until about ten months ago, when he began to suffer from pain in the little and ring fingers, which gradually became almost constant and extremely distressing. More lately, the axillary tumour had attracted attention; and on the 29th, with the assistance of Drs. Duncan and Mackenzie, Mr. S. tied the subclavian artery, where it emerges from the scalenus anticus, by a single silk ligature, drawn with all the tightness in his power. No inconvenience whatever was experienced—the ligature separated on the fifteenth day, and the patient at the end of another fortnight returned home, perfectly free from pain, and with hardly any perceptible remnant of the tumour.

In performing the operation, Mr. S. made an incision along the clavicle, so as to extend over the edges of the sterno-mastoid and trapezius muscles, and another from the centre of this upwards, parallel with the edge of the latter muscle. The dissection was conducted entirely by the knife and forceps. The needle was passed under the artery, with its convexity upwards, and the ligature was tied by the unaided effort of the fingers. It has been advised to pass the needle with its convexity downwards, or towards the clavicle, with a view to protect the vein from injury. But this vessel is not at all in the way, while the cervical nerves are so situated in regard to the artery, as in general to render it nearly, if not quite, impossible to convey the ligature from below upwards. It has also been advised to employ the assistance of some mechanical contrivance for tightening the knot. But Mr. S. feels persuaded that the thread will always be within reach of the fingers, and may be more safely tied by them simply, than with the intervention of any instrument.

40. *Ligature of the Common Iliac Artery for Inguinal Aneurism.* By WM. LYON, Esq., Surgeon to Royal Infirmary, Glasgow. (*Month. Journ. of Med. Sci., Oct. 1847.*)—The subject of this case was a man 53 years of age, tall, corpulent, relaxed, and in general, enjoying good health. The tumour was of the size of an expanded and arched hand, extending for three inches below, and rather further above Poupart's

ligament, slightly depressed in centre by ligament, nearly of equal breadth as length, and throbbing violently.

June 3d a ligature was applied about half an inch above the origin of internal iliac. For the first twenty-four hours the patient was, in every respect, in a favourable condition; after which sinking commenced, and without pain, or any appreciable lesion, he rapidly lost strength, retaining his mental powers to the last. Upon post-mortem examination, no vestiges of inflammation of any part of peritoneum were found, unless a small quantity of milky serum in track of wound be so reckoned.

41. *Wound of the Internal Carotid Artery, and Division of the Par Vagum, in which the common Carotid Artery was tied.* By S. W. FERN, Esq.—(*Prov. Med. and Surg. Journ.*, Sept. 8, 1847.)—The subject of this case was a female (Mrs. Osborn) 68 years of age, spare habit and nervous temperament. who was attacked at 5 P. M., Feb. 2d, 1847, by a man armed with a pruning knife, and received three severe stabs on the left side of the neck, and some others of a more trifling nature elsewhere. When seen by Mr. F., about three-quarters of an hour after the injury, she was in a state of extreme exhaustion. There was a deep wound about three inches in length immediately behind the angle of the jaw, extending perpendicularly downwards; another, a jagged wound, over the transverse processes of several of the middle cervical vertebrae, and a deep gaping wound midway between the occipital spinous process, and the mastoid process of the temporal bone; the other wounds being slight, need not be particularly described. There was a slight oozing of blood, but Mr. F. was unable to discover that any large arterial trunk had been injured. After waiting some time the wounds were dressed, and brandy and water were freely administered, as far as the difficulty in swallowing would permit.

Two hours after the injury, the patient, in getting out of bed to the night-chair, was attacked with an alarming hemorrhage, which, on removing the dressings, was found to proceed from the wound behind the angle of the jaw; the hemorrhage was arterial, and came forth in a stream as large as a swan-quill. Convinced that some large arterial trunk must be wounded, and most likely the internal carotid, Mr. F., in consultation, determined to place a ligature on the trunk of the common carotid. This he accordingly did, and the hemorrhage was at once arrested. The ligature came away on the 20th day, and the patient survived until the 22d of April, 79 days. During the whole of this period she had distressing difficulty of swallowing, suffered from suffocative cough, excited and very variable state of the circulation; extreme exhaustion, feebleness and emaciation came on, in which condition she sunk at the period mentioned. The following were the *post-mortem* appearances:

"Body emaciated; heart loaded with fat; lungs did not collapse on opening the chest; the left lung a good deal congested posteriorly, and the right also congested posteriorly, but to a less extent; there was much frothy muco-purulent matter in the larger bronchial tubes, and the bronchial membrane was much injected. In the neck, at the site of the ligature, the cellular membrane was condensed and firmly adherent to the adjoining structures; the point of ligation was well marked, and the artery was filled with a dense brownish-coloured fibrinous coagulum, which commenced about half an inch from the origin of the vessel; the artery was considerably diminished in size; above the ligature, and especially at the bifurcation, the vessel was contracted and hardened, and contained the same kind of fibrinous coagulum, but in a proportionately less quantity; in this situation, too, there was a very minute abscess in the coats of the artery; the posterior face of the internal carotid, immediately above the point where it is given off from the common trunk, presented a well-marked appearance of the wound which had furnished the alarming hemorrhage at the time of the injury, and in the same situation the *par vagum* was found to have been divided. (I have since found, in examining the parts after they had been some time in spirit, that the reddened line which had indicated the point of injury of the vessel, at the time of the dissection very distinctly, has disappeared from the maceration. The edges of the wound had closely united, and there is no trace of the wound on the internal coat of the artery. This condition of the parts is similar to what is stated to have